

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037716

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9200

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Jennings

Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Alexian Hospital

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2520 McLaren Avenue

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Olivia (Ollie) Middle Kaltmayer Last

4. DATE OF DEATH Month 9 Day 12 Year 1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-30-1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Saleslady

10b. KIND OF BUSINESS OR INDUSTRY

Department Store

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S. A.

13a. FATHER'S NAME

Frederick Kaltmayer

13b. MOTHER'S MAIDEN NAME

Augusta Weber

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mr. Charles Kaltmayer 6038 Eaton Drive St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intestinal obstruction

INTERVAL BETWEEN ONSET AND DEATH

3 days

DUE TO (b)

Adenocarcinoma rectosigmoid

unknown

DUE TO (c)

154X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart disease, Depressive state

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 4, 1961 to Sept 12, 1963 and last saw her alive on Sept 11, 1963. Death occurred at 2 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Lewes Luttman M.D.

22b. ADDRESS

8231 Clayton Rd (17)

22c. DATE SIGNED

9/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Entombment

23b. DATE

9-14-1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Mausoleum

23d. LOCATION (City, town, or county)

St. Louis, County, Mo.

24. FUNERAL DIRECTOR & Son, Inc. 2161 E. Fair Ave. St. Louis, Missouri 63107

25. DATE RECD. BY LOCAL REG.

SEP 13 1963

26. REGISTRAR'S SIGNATURE

Joan Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300 Rev. 4/59

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240083

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. Ford G. Beemley*

Licensed Embalmer No. 4202

P. O. Address

*St. Joseph's*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.